


*This portion MUST be returned with your payment to ensure proper credit. THANK YOU*

ACCOUNT BILLED
CLARIDGE, REX C.

PROJECT NAME
BLOWOUT/FIRSTCHANCE

PROJECT ID
S230039 ✓

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/30/2004	\$ 150	\$ 150


TAX ID OR SOCIAL SECURITY #


<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

Change of Address	
Contact	_____
Address	_____ _____ _____
E-Mail Address	_____
State	_____ Zip _____
Phone	_____ _____

**RECEIVED**  
**JUL 02 2004**  
**DIV. OF OIL, GAS & MINING**



*Please make check payable to:*  
**Division of Oil, Gas and Mining**